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Commissioner for Patents, P.O. Box 1450
Alexandria, VA 22313 on November 5, 2003.

Doran R. Pace, Patent Attorney

PRELIMINARY AMENDMENT
Patent Application
Docket No. UF-152FWCD2
Serial No. 10/636,079

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Janet K. Yamamoto
Serial No. : 10/636,079
Filed : August 6, 2003
For : Multi-Subtype FIV Vaccines

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

It is respectfully requested that the above-identified patent application be amended as follows:

11/12/2003 EFLORES 00000120 190065 10636079

01 FC:1201 430.00 DA
02 FC:1202 1260.00 DA



AMENDMENT TRANSMITTAL LETTER			ATTORNEY'S DOCKET NO. UF-152FWCD2
SERIAL NO. 10/636,079	FILING DATE August 6, 2003	EXAMINER unknown	GROUP ART UNIT unknown
INVENTION Multi-Subtype FIV Vaccines			

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.
- ☐ Applicant claims small entity status.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

(1)		(2)		(3)	SMALL ENTITY		<u>OR</u>	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	* 90	MINUS	** 20	70	\$ 9	\$0.00	<u>OR</u>	\$18	\$1,260.00
INDEP.	* 9	MINUS	*** 4	5	\$43	\$0.00		\$86	\$ 430.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				0	\$145	\$0.00		\$290	\$ 0.00
					Total addit. fee	\$0.00		Total addit. fee	\$1,690.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the Highest No. Previously Paid For IN THIS SPACE is less than 20, enter "20."
*** If the Highest No. Previously Paid For IN THIS SPACE is less than 3, enter "3."
The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

- ☒ Please charge my Deposit Account No. 19-0065 in the amount of \$ 1,690.00.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0065. Two additional copies of this paper are enclosed.
 - ☒ Any additional filing fees required under 37 CFR 1.16.
 - ☒ Any patent application processing fees under 37 CFR 1.17.

November 5, 2003
(date)


(signature)